

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	93	→	→	→		
TOTAL CLAIMS	24	■■■■	■■■■	■■■■	■■■■	■■■■

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
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60						
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99						
100						
TOTAL IND.						
TOTAL DEP.		→	→	→		
TOTAL CLAIMS		■■■■	■■■■	■■■■	■■■■	■■■■